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(Requestor's Name) (Address)	500
(Address) (City/State/Zip/Phone #)	5. CHAR S 2063
(Business Entity Name)	4u.
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DATE: 03/08/23

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NAME: KRIPTIA USA INC.

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>RTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address 6 West Flagler Street, Suite 900	Mailing address, if different is:
iami, Florida 33130	
TICLE III PURPOSE any and all	lawful business.
e purpose for which the corporation is organized is:	(0
	ECNET TALL
	AR B
	HAR -

<u>ARTICLE IV</u> <u>SHARES</u> 1,000 Common Stock The number of shares of stock is: ______

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	Salvatore Castiglia, President	Name and Title:	Daniela Morrison, Secretary
Address	Via G. Zuretti n. 34		509 Madison Avenue
	Milan, Italy 20125		Suite 1510, New York, New York
			10022
Name and Title:	Filippo Amoroso, Treasurer	Name and Title	Salvatore Castiglia, Director
Address	333 Bush Street, Suite 2020		Via G. Zuretti n. 34
	San Francisco, California 94104		Milan, Italy 20125
Name and Title:		Name and Title:	·
Address		Address:	

,	Name and Title:		 Name and Titl	le:	
	Address	 	 Address:		
				_	

ARTICLE VI __ REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:	Paracorp Incorporated			
Address:	155 Office Plaza Drive, 1st Floor			
	Tallahassee, FL 32301			

<u>ARTICLE VII INCORPORATOR</u>

The name and address of the Incorporator is:

Daniela Morrison

Name:

¢

Address:

:		
'USSI	509 Madison Avenue, Suite 1510	
	New York, New York 10022	

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity

SEE ATTACHED

Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Daniela Marrison

Required Signature/Incorporator

03/07/2023

3/07/2023

Date

Date ____

_. (OPTIONAL)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

2023 MAR -8 PM 1: 34

DATE: 3/07/2023

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ENTITY NAME: Kriptia USA Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

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Leticia Herrera, Assistant Secretary Paracorp Incorporated